Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **September 1st through 15th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR				DE GOMEAN	10V No. 5848 DA	
FEDERAL ASSISTA	NCF	2. DATE SUBMITTED		Applicant Vientifier		
(0.0107)	WOL	Septembe	r 11, 2002	() [] [] []		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier	3 2002	
Application	Preapplication	Sentember	r 11, 2002	The state of the s		
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier		
X Non-Construction	Non-Construction		r 11, 2002	ISTATE CLEAF	RING HOUSE	
5. APPLICANT INFORMATION		· · · · · · · · · · · · · · · · · · ·		C I I I I I I I I I I I I I I I I I I I		
Legal Name:			Organizational Unit:			
Sacramento Count	y Sheriff's Depa	rtment				
Address (give city, county, State, and zip code):				number of person to be contacte	ed on matters involving	
711 G Street			this application (give a	area code)		
Sacramento, CA 9	5814		Karen Johnso	on (916) 874-1625		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			ANT: (enter appropriate letter in t	boy	
	5 2 9			arritoria appropriate teaer in t		
	7 7 2 7		A. State	H. Independent School Dist.	В	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	Higher Learning	
X Nev	v Continuation	Revision	C. Municipal	J. Private University		
			D. Township	K. Indian Tribe		
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual		
A. Increase Award B. Dec	crease Award C. Increase	Donation	F. Intermunicipal	M. Profit Organization		
D. Decrease Duration Other		Duration	G. Special District	N. Other (Specify)		
	oposity).		9. NAME OF FEDERA	AL AGENCY:		
		a distribution	DOJ / COPS	S Office / OJP		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJEC	3T-	
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TITLE:] 2002 Techi	nology Assistance :	Program	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Stat	es, etc.):				
Sacramento	County					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TDICTE OF				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	3,	5, 11			
Start Date Ending Date	a. Applicant	·	b. Project			
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STA	ATE EXECUTIVE	
			ORDER 12372 PR	OCESS?		
a Federal	\$ 1.00	∩				
	}	00,000	4 \ /	APPLICATION/APPLICATION W.		
b. Applicant	\$.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
c. State	\$	DO.	PROCESS	FOR REVIEW ON:		
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d. Local	\$	00	1			
		,	b. No. PROGRA	AM IS NOT COVERED BY E. O.	12372	
e. Other	\$.00	- i	GRAM HAS NOT BEEN SELECT	F	
			FOR REV	/IEW		
f. Program Income	\$	00		,		
		*	17. IS THE APPLICAN	NT DELINQUENT ON ANY FED	ERAL DEBT?	
g. TOTAL	\$,00	Yes If "Yes," a	attach an explanation.	X No	
18. TO THE BEST OF MY KNOW		00.000	1 -	•	-	
				TION ARE TRUE AND CORRECT HE APPLICANT WILL COMPLY		
ATTACHED ASSURANCES IF			EAFFLIOANT AND IT	IL AFFERDANT WILL CONIPLY	WILL THE	
a. Type Name of Authorized Rep		b. Title		c. Telephone Number		
Lou Blanas		Sheriff		(916) 874-8444		
d. Signature of Authorized Repre	gentative		1		12	
1 and	en			7727	2	

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

3. Typn Name of Authorized Rapresentative

15. Title

16. Teleptone Number

a. Type Name of Authorized Rapresentative
Enrique Melgar

Chairman (619) 424-5143

d. Signaare of Authorized Representative

e, Date Signed

Standard Form 424 (Rev. 7-97)

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APPLICATION FOR					2
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED9 August	/9/02 3 0, 2002	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identif	fier
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION					
Legal Name: Certified Developmen		County	Organizational Unit:		
Address (give city, county, State,	and zip code):				contacted on matters involvi
205 E. San Joaquin			this application (give a	nead, President 5	550 600 6666
Tulare, CA 93274			Lisa i lollingsi	icau, r icsiuciii c	339-000-0000
6. EMPLOYER IDENTIFICATION	N NUMBER (FIN):		7 TYPE OF APPLICA	ANT: (enter appropriate le	etter in hox)
77-0517	————		// / / / 2 01 / // / 2.0/	arti (omor appropriato i	N
			A. State	H. Independent School	Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Instit	ution of Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University	
			D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Organization	Man Donas
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)	Non Profit
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	N. ACENCY.	
Ì			9. NAME OF FEDERA	AL AGENCT:	

10. CATALOG OF FEDERAL DO	_			TLE OF APPLICANT'S P	
1		1 0 — 7 6 7		Revolving Loan Fund	for eligible rural
TITLE: Intermediary	Relending Program		areas of Tulare C	County, California.	A Marketon del Constitution of the Constitutio
12. AREAS AFFECTED BY PRO		tes, etc.):			Wasan a will was
	•	•			
Tulare County, except Por	terville, ruiare, visalia	1.			SEP 1 2 20
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		Samuel Constitution of the same of the same
4/1/01 3/31/02	19, 20, a	and 21		19, 20 and 21	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW	BY STATE EXECUTIVE
			ORDER 12372 PR	OCESS?	
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b. Applicant	\$	125,000		TO THE STATE EXECU	JTIVE ORDER 12372
- Ct-t-	Ф.	123,000	PROCESS	FOR REVIEW ON:	
c. State	\$,***	DATE	-08/30/02- 9/9	/02
d. Local	\$	00	DATE		
u. Locai	y	•	h No T PROGRA	M IS NOT COVERED BY	√ F ∩ 12372
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f. Program Income	\$	00	, -, , , -, ,		
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g. TOTAL	\$.00	П van 16 "Van " -		□ 7.1.
		625,000	Yes It "Yes," a	ittach an explanation.	☑ No
18. TO THE BEST OF MY KNOW	/LEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	ATION/PREAPPLICAT	ION ARE TRUE AND CO	ORRECT, THE
DOCUMENT HAS BEEN DULY			E APPLICANT AND TH	IE APPLICANT WILL CO	OMPLY WITH THE
ATTACHED ASSURANCES IF T					
a. Type Name of Authorized Repro	esentative	b. Title		c. Telephone Number	
Lisa Hollingshead	· · · · · · · · · · · · · · · · · · ·	President		(559) 688-8888	
LU. (a) GIDSTURE OF AUTHORIZED REPRES	entative /			le Date Street	

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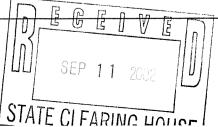
Standard Form 424 (Rev. 7-97)

	TION FOR				Olito Appl	roval No. 0348-0043
FEDERAL	ASSISTANC	E	2. DATE SUBMITTI		Applicant Identifier	
			September 6	. 2002		
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	1047 OVB, CA 85741-9	STATE CLEA	DING HO	Grouno Fields	de cody	
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	TIFICATION NUMBER (E			7. Type of applicant:	(enter appropriate letter in box)	A
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. Type of applic	ATION:	Continuation	Revision	B, Caunty C. Municipal	i. Stale Controlled) J. Private University	nulliullan of Higher Leaming '
	با '''التنا			D. Tawnship	K. Indian Triba	
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☐ Non-Construction	☐ Non-Constru	ction	4. DATE RECEIV	ED BY FEDERAL AGENC		
5. APPLICANT INFO	RMATION			Organizationa) U	STATE CLEARING H	10USE)
City of Turlock					,	
Address (give city, coun City of Turlock 156 South Broads County of Stanish Turlock, Californ	way, Suite 230 ans in 95380	,		Steven H. K 209-668-554	yte, City Manager 0	_
EMPLOYER IDENTIFIC					PLICANT: (enter appropriate letter in	
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8. TYPE OF APPLICAT	ION:			D. Township E. Interstate	K. Indian Tribe L. Individual	٠
⊠ Ne	w Cantinus	ation Revi	aion	G. Special Distr		
If Revision, enter approp	., .					
A Increase Award D Decrease Duratio	B Decrease Av n Other (specify)	vard C Incre	sase Duration			
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10. CATALOG OF FEDERA ASSISTANCE NUMBER				: 1	VE TITLE OF APPLICANT'S PROJE habilitation and Drainage,	
TITLE: Airport Improv	ement 2	0 1	0 6	and Draina	ge (Phase I), and Fire Prote	ection
Program (AIP) 12. AREAS AFFECTED City of Turbols of				-		
City of Turlock a Counties served b		oi Stamsiaus	and Merced			
13. PROPOSED PROJ		CONGRESSIONA Applicant	L DISTRICTS OF		b. Project	
1	2/31/03 18	th Congression	nal , Stanislaus Cour	aty	18 th Congressional Turlock Municipal Airpo	ort, Merced County
15. ESTIMATED FUND		3.750 .00			I IEW BY STATE EXECUTIVE ORDER N/APPLICATION WAS MADE AVAIL	
b, Applicant	1,27	3,750 .00 9,062 .00	1		DER 12372 PROCESS FOR REVIEW	
c. State		4,688 .00	<u> </u>	ATE: June 3, 200 2	,	
d, Local	\$		b. No .	-	T COVERED BY E, O, 12372	
e. Other	\$				S NOT BEEN SELECTED BY STAT	E FOR REVIEW
f. Program income	\$		17. IS THE APPLIC	CANT DELINQUENT	ON ANY FEDERAL DEBT?	(
g. TOTAL	1	7,500 .00	1	yes, attach an explar	·	⊠ No
AUTHORIZED BY THE AWARDED	GOVERNING BODY	OF THE APPLICA	NATA IN THIS APPLICANT AND THE APPLIC	ATION ARE TRUE AN ANT WILL COMPLY V	ID CORRECT, THE DOCUMENT HA NITH THE ATTACHED ASSURANCE	S BEEN DULY ES IF THE ASSISTANCE IS
a. Typed Name of Author Steven H. Kyte	orized Representative	(Tanager		1 -	Telephone number 09-668-5540
d. Signature of Authoriz	ad Bapreson adve					Date Signed
Previous Editions No.	Z					6/05/07-

APPLICATION FOR					OMB Approval No. 0348-	0043
FEDERAL AS	SISTANCE	12.Date S	Submitted	Applica	ant Identifier	
RE	VISED	<u> </u>			FIRE	》 医 「而
1. TYPE OF SUBMISSION	: нс	[3.Date F	Received by State	State Application	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Application Construction Nonconstruction	tion . Nonconstruc		Rec'd by Fed Agency	 Federal Identifie 	gep 1 2 2	
5. APPLICANT INFORM	ATION		Organizational Uni		HUUI OLI	
Legal Name State Water Re:	sources Control Board		Division of Wate	er Quality		10116
Address (give city,	county, state, and zip co	ode):	Name and telephone linvolving this app	of person to be co	ontacte STATE CLEARIN	1G HOOS
State Water Reso 1001 I Street Sacramento Count Sacramento, CA			James Maughan (916) 341-5522		OTATE	
6. EMPLOYER IDENTIF	ICATION NUMBER (EIN):		17.TYPE OF APPLICAN	T:(enter appropria	te letter in box) A	
X New	2 8 1 9 8 6 TON: Continuation	Revision	IA. State IB. County IC. Municipal ID. Township IE. Interstate IF. Intermunicipal	I. State Ins J. Private U K. Indian Tr L. Individua M. Profit Or	ibe l ganization	
A, Increase Award	B. Decrease Award	1	G. Special Distric	t N. Other (Sp	ecify):	
			9. NAME OF FEDERAL	, AGENCY:		**************
C. Increase Duratio	on D. Decrease Duration		U.S. Environmen	tal Protection Age	псу	
Other (Specify)			1			
10.CATALOG OF FEDER		1110	111.DESCRIPTIVE TIT	TLE OF APPLICANT'S	PROJECT:	Minimum Andrews
ASSISTANCE NUMBER					te measures for prevention	
	lution Control_State and I Support	Interstate	and control	of surface and gro	und water pollution.	
12.AREAS AFFECTED B	Y PROJECT(cities, counties,	states, etc)	-			
California				-		
13.PROPOSED PROJECT Start Date	Ending Date	14 CONG	RESSIONAL DISTRICT C	OF: . b. Proj	ect	
	ĺ	1	3	. Califor		
7/1/02	6/30/03 	İ				
15. FSTIMAT	ED FUNDING 1	16.IS APPLICAT	ION SUBJECT TO REVIE	W BY STATE EXECUTI	VE ORDER 12372 PROCESS?	
a. Federal	\$ 10,482,600.00	a. YES: This Execu	Preapplication/Appli tive Order 12372 pro	cation was made av cess for review on	ailable to the State :	
b. Applicant	\$.00	Date:	May 8,2002			
c. State	\$ 4,152,969.00	h NO- 1 1 P	rogram is not covere	ed by EO 12372.		
d. Local					to Company to the	
e. Other	\$.00	11 0	r program has not be	en selected by sta	te for review.	
	\$.00	17 IS THE APPL	ICANT DELINQUENT ON	ANY FEDERAL DEST?		*****
f. Program Income	\$.00					
g. TOTAL	\$ 14,635,569.00		attach an explanatio			
DOCUMENT HAS BE	MY KNOWLEDGE AND BELIEF, A EN DULY AUTHORIZED BY THE NCES IF THE ASSISTANCE IS	GOVERNING BOD	IS APPLICATION/PREAE Y OF THE APPLICANT A	PPLICATION ARE TRUE AND THE APPLICANT W	AND CORRECT, THE ILL COMPLY WITH THE	
a. Typed Name of Au	thorized Representative	!	b. Title		c.Telephone Number	
Celeste Cant	ú	1	Executive Directo	or	(916) 341-5615	
d. Signature of Aut	horized Representative	1	,		le. Date Signed	
	- -				1	
					Standard Form 424 (Rev 7-	- 97)
Previous Editions N					Prescribed by OMB Circular A-	
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APPLICATION FOR FEDERAL AS	SISTANCE	2.Date S	Submitted	Applicant I	OMB Approval No. 0348-0043
	r=	B 0 5	2 50	7	
. THE OF SERVICES	REVISED			Ichata Appliantics ***	Prifi av
1. TYPE OF SUBMISSIO	N:) The control of the	RECEIVEM DY-State	State Application Iden	itlfier
Application Construction	. Preapplication	l	Secid day Red Adayay	Federal Identifier	
X Nonconstruct		Ition SEP	2002 7	rederal identifies	
5. APPLICANT INFORMA	TION	<u> </u>	I Mostered P		
Legal Name		A very row on 1 are	Organizational Uni		
State Water Res	ources Control Board	BILLIEV	Dipthisfordi Mace	r Quality	
Address (give city,	county, state, and zip c	ode):	1	of person to be contac	
State Water Rese	urces Control Board			lication (give area cod	ie):
1001 I Street Sacramento Count	W		James Maughan (916) 341-5522		
Sacramento, CA	-				
6. EMPLOYER IDENTIFI	CATION NUMBER (EIN):	· · · · · · · · · · · · · · · · · · ·	7.TYPE OF APPLICAN	Tr:(enter appropriate le	etter in box) A
	2 8 1 9 8 6		A. State	H. Independent So	phool Digt
8. TYPE OF APPLICATI			B. County	T State Institut	e Migher Learning
X New	Continuation	Revision	C. Municipal D. Township	J. Private Univer K. Indian Tribe	esity
1 semimori. 1			E. Interstate	L. Individual	. ,
If Revision, enter a	ppropriate letter <u>(s)</u> in 	box(es):	F. Intermunicipal G. Special Distric	M. Profit Organiz t N. Other (Specify	
A. Increase Award	B. Decrease Award		9. NAME OF FEDERAL		
C. Increase Duratio	n D. Decrease Duration		Ì		
Other (Specify)			U.S. Environmen	tal Protection Agency	
10.CATALOG OF FEDERA	I DOMESTIC		וו הפכסוסיינעם ייוי	LE OF APPLICANT'S PROJE	7.CT.
ASSISTANCE NUMBER		6 3	j		
TITLE: Water Oua	lity Cooperative Agreeme	nts	Develop and im	plement ways to elimina	ate water pollution.
			_		
12.AREAS AFFECTED BY	PROJECT(cities, counties	,states,etc)			
California					
13.PROPOSED PROJECT			RESSIONAL DISTRICT C		
Start Date	Ending Date	a. Appli	cant	. b. Project	
7/1/02	6/30/03	1	3	. California	-A11
15.		16.IS APPLICATI	ION SUBJECT TO REVIE	W BY STATE EXECUTIVE OF	RDER 12372 PROCESS?
ESTIMATE a. Federal	D FUNDING	a VES: This !	Preannlication/Appli	cation was made availab	ole to the State
	\$ 750,000.00			cess for review on:	
b. Applicant	\$.00	Date:	May 7, 2002		
c. State		b NO. 1 1 D	rogram is not covere	od by PO 12372	
d. Local	\$.00	i comme			
e. Other	\$.00	01	r program has not be	en selected by state fo	or review.
	\$ 410,000.00			NAME OF THE PARTY	
f. Program Income	\$.00		ICANT DELINQUENT ON		
g. TOTAL		Yes, a	attach an explanatio	n. X No	
18. TO THE BEST OF M	Y KNOWLEDGE AND BELIEF,	ALL DATA IN TH	IS APPLICATION/PREAF	PLICATION ARE TRUE AND	CORRECT, THE
	N DULY AUTHORIZED BY THE		Y OF THE APPLICANT /	NO THE APPLICANT WILL O	COMPLY WITH THE
			h Mitla		c.Telephone Number
a. Typed Name of Aut	horized Representative		b. Title		j
Celeste Cantú			Executive Directo	or .	[.(916) 341-5615
d. Signature of Auth	orized Representative			,	e. Date Signed
Destricte Ballet **	ot Heahle				Standard Form 424 (Rev 7-97)
Previous Editions No	or osable			Pre	escribed by OMB Circular A-012
	AUTHORIZ	ED FOR LOCAL RI	EPRODUCTION		V 200

APPLICATION FOR	2. DATE SUMMITE	o nc 7, 2002	DEGELVEN
FEDERAL ASSISTANCE	3. DATE RECEIVED	BY GIATE	Dans Application Identifier
SUBMISSION: Application Construction Construction Construction Construction Construction	4 DATE RECEIVED	D BY FEDERAL AGENCY	STATE CLEARING HOUSE
S. APPLICANT INFORMATION			The state of the s
County of Colusa		Organizational Unit: Colusa County	
Address (give city, county, sine, and 210 com) 100 Sunrise Boulevard, Suite F County of Colusa Colusa, California 95832		this application (give	number of the person to be commented an mattern involving perso code) 3. Airport Manager
EMPLOYER DENTEFICATION NUMBER (BIN): 8. TYPE OF APPLICATION: Now Continue Previolen, event appropriate letter(6) in box(an);		7, TYPE OF APPLI A. Shife B. County C. Milmeipal D. Township E. Interstable F. Interstable F. Interstable G. Special District	M. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indiah Tribe L. Individual M. Profit Organization N. Other (Specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: 12. ARRAS AFFECTED BY PROJECT (chies, counters, states)	Domition	11. DESCRIPTIVE	RAL ASSENCY Lation Administration E TITLE OF APPLICANT'S PROJECT: THAT ASSESSMENT FOR 5-year Airport Capital Ent Program Projects
County of Colusa 13. PROPOSED PROJECT 14. CONGRESSIONAL DI Start Date Ending Dato a Applicant			b. Project
9/1/2 8/31/3 Douglas Ose 3 C	Congressional Dis	arict	Douglas Ose 3rd Congressional District
15. ESTIMATED FUNDING a. Federal \$ 45,000 .00 b. Abblicant \$ 2,750 .00 c. State \$ 1,250 .00 d. Local \$.00	a, YES, Th	AIS PREAPPLICATION TATE EXECUTIVE ORD	EW BY STATE EXECUTIVE ORDER 12372 PROCESS? I/APPLICATION WAS MADE AVAILABLE TO THE DER 12372 PROCESS FOR REVIEW ON 1002 I COVERED BY E. O. 12372
e. Other 5 .00		OR PROGRAM HA	s not been selected by state for review
(, Program income \$,00	17. ISTHE APPLIC	ANT DELINQUENT O	NANY FEDERAL DEST?
@ TOTAL 5 50,000 .00		yes, attach an explan	D COORDEST THE DOCUMENT HAS BEEN DULY
18. TO THE BEST OF MY NOWWLEDGE AND BILLEP, ALL AUTHORIZED BY THE GOVERNING BODY OF THE APPLIC	DATA IN THE APPLIC CANT AND THE APPLIC	ANT WILL COMPLY V	WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS
AWARDED a. Typed Name of Authorized Representative b. Title			C. Telephone number
Harry A. Knig Airpo	et Manuger		530-458-0580
d. Signature of Sutherized Representative			9/11/07 Standard form 424 (REV 4-88
Provide Editions Not Usall	thorized for Loca	i Reproduction	Prescribed by OMB Circular A-10

APPLICATION FOR FEDERAL ASSISTA	R ANCE		2. DATE SUBMITI	ED	Application identifier	
TTTPZ OF SUBMISSIO	Preapplical		3. DATE RECEIVED	BY STATE	State Application Ide	ntifier
Construction	Constitua	ion	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Cons	struction				
5. APPLICATION INFO	RMATION			Organizational Unit		
Legal Name The Regents of the	University of C	alifornia		CE-CERT		
Address (give city, county University of Californ Office of Research A 200 University Office Riverside, CA 9252 6. EMPLOYER IDENTIF	n state, and zip ∞ nia, Riverside Affairs ∋ Building 1	ode)	4 2	Involving this applicate Administrative Collinga L. Bryant 909-787-5535 7. TYPE OF APPLIC A. State B. County	tion (give area code) ontact G CANT: (enter appropria H, Independent So I. State Controlle	chool Dist. d Institution of Higher Learning
8. TYPE OF APPLICATI No. If Revision, enter appropriate	continuity	xes(es) Award (fy):	Revision C. Increase Duration		t N. Other (Specify)	tion :
10. CATALOG OF FEDERA ASSISTANCE NUMBER TITLE: 2002-STA of Global Change 1 12. AREAS AFFECTED All USA	R-N1, Assess for Air Quality	ties, countie	Consequences	Assessment of Quality Using C Simulation Mod	Future Climate E oupled Meteorol	ffects on Regional Air ogical and Air Quality
Start Date	Ending Date	a. Applica			b. Project	·
15. ESTIMATED FUNDI	vo.	CA 43	16 IS APPLICATION	I SUBJECT TO REVIE	CA 43	TIVE ORDER 12372 PROCESS?
a. Federal \$	900,000		a, YES THIS	PREAPPLICATION/AF	PLICATION WAS MAI R 12372 PROCESS F	DE AVAILABLE TO THE
b. Applicant \$			DATE	0 (0 (02	N 123/21 NOGESS 1	o, replace on
c. State \$			b. NO. PRO	OGRAM IS NOT COVE	RED BY E.O. 12372	_
d. Local \$			OR	PROGRAM HAS NOT	BEEN SELECTED BY	STATE FOR REVIEW
e. Other \$						
f. Program Income \$			17. IS THE APPLICA	ANT DELINQUENT ON	ANY FEDERAL DEB	T?
g. TOTAL \$	900,000		Yes If "Y	es," attach an explanat	ion.	No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF,	ALL DATA IN T	HIS APPLICATION/PREAPP	LICATION ARE TRUE AND C	ORRECT THE DOCUMENT H	HAS BEEN DULY
a. Typed Name of Author Linda L. Bryant	rized Representa	tive	b. Title	Contract and Grant Ar		c. Telephone number (909) 787-5535
d. Signature of Authorized	Ri	Br	Authorized for Lo	ocal Reproduction		e. Date Signed G Standard Form 424 (REV 4-8 Prescribed by OMB Circular A-16
=/h	٠			STATE	CLEARING HOL	ISE

PART I - FACE SHEET

			Non-Construction		
IA. DATE SUBMITTED TO CORPORATION OF NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:		STATE	APPLICATION IDENTIFIER:	
b. APPLICATION ID:	4. DATE REC	CEIVED:	GRANT	NUMBER:	
03SF026325			02SFPC	CA016	
APPLICATION INFORMATION			<u> </u>		
LEGAL NAME: SENIORS COUNCIL SANTA CRUZ/SAN BENITO			NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):		
DDRESS (give street address, city, state ar	nd zip code):		NAME: Thomas Reefe		
234 Santa Cruz Ave			TELEPHONE NUMBER:		
Aptos CA 95003			FAX NUMBER: 83168812		
			INTERNET E-MAIL ADDR	RESS:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			7. TYPE OF APPLICANT:		4.5
942662950			7a. Non-Profit	-1	,
8. TYPE OF APPLICATION:			7b. Community-Based Orga	nization	
NEW X CONTI	NOTTAUN				SEP 1 0 2
REVISION					
Revision, enter appropriate letter(s) in box(e	es):				- Name of the second
					the State State of the State of
. Increase Award B. Decrease Awar	d C. Incre	ase Duration			
D. Decrease Duration			9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
			Corporation to	or National and Com	munity Service
a. CATALOG OF FEDERAL DOMESTIC AS	SISTANCE NUM	BER: 94.011	11. DESCRIPTIVE TITLE	OF APPLICANT'S PROJECT:	
b. TITLE: Foster Grandparents			TRI-COUNTY CA FGF		
2. AREAS AFFECTED BY PROJECT (List C			da esperante de la companya del companya de la companya del companya de la companya del la companya de la compa		
California- Santa Cruz County, Monterey County, Monterey County, Santa Cruz, Felton, Live Oak, Soquel, Aptos,	• .	-			
3. PROPOSED PROJECT: START DATE: 0:	/01/03 EN	D DATE: 12/31/03	14. PERFORMANCE PER	IOD: START DATE:	END DATE:
5. ESTIMATED FUNDING:				JECT TO REVIEW BY STATE E	XECUTIVE
a. FEDERAL	\$ 545,168.0	00	ORDER 12372 PROCESS		
b. APPLICANT	\$ 218,592.0	00	TO THE STATE	ICATION/APPLICATION WAS N EXECUTIVE ORDER 12372 PRO	
c. STATE	\$ 46,208.0	00	REVIEW ON: DATE: 06-SEF	2-02	
d. LOCAL	\$ 172,384.0	00			٠
e. OTHER	\$ 0.0			<u> </u>	
f. PROGRAM INCOME	\$ 0.0		17. IS THE APPLICANT D	ELINQUENT ON ANY FEDERAL	DEBT?
g. TOTAL \$ 763,760.00			YES If "Y	es," attach an explanation.	X NO
I. TO THE BEST OF MY KNOWLEDGE AND JLY AUTHORIZED BY THE GOVERNING I AWARDED.	BELIEF, ALL DA	ATA IN THIS APPLICATI			
TYPED NAME OF AUTHORIZED REPRES	ENTATIVE:	b. TITLE:		c. TELEPHONE	NUMBER:
		2-24	A-A	4084750816x1	6
Thomas Reefe		PROG.	$\mathbf{p}(\alpha)$		



PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTAN			NCE 1. TYPE OF SUBMISSION:			
/ ·			-	Non-Construction		
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE REC	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:		
26. APPLICATION ID:	4. DATE REC	CEIVED:		GRANT NUMBER:		
03SC026343		*		02NCPCA011		
5. APPLICATION INFORMATION						
ADDRESS (give street address, city, state 234 Santa Cruz Ave Aptos CA 95003 6. EMPLOYER IDENTIFICATION NUMBER 942662950 8. TYPE OF APPLICATION: NEW REVISION If Rev ision, enter appropriate letter(s) in Identification.	e and zip code): ER (EIN): NTINUATION DOX(es):	7	PERSON TO BE area codes): NAME: Thomas R	MBER: 4084750816x16 3316881225 IL ADDRESS: LICANT:		
D. Decrease Duration		!		DERAL AGENCY: Lion for National and C	Community Service	
10a. CATALOG OF FEDERAL DOMESTIC 10b. TITLE: Senior Companion Program	C ASSISTANCE NUM	BER: 94.016 1	11. DESCRIPTIVI TRI-COUNTY	E TITLE OF APPLICANT'S PROJEC SCP	iT:	
12. AREAS AFFECTED BY PROJECT (L	ist Cities, Counties, S	tates, etc):				
California: Counties of Santa Cruz, San B Aptos, Salinas, Seaside, Hollister	enito, Monterey: Comm	unities of Santa Cruz,				
13. PROPOSED PROJECT: START DATE	E: 01/01/03 EN	ID DATE: 12/31/03 1	14. PERFORMAN	ICE PERIOD: START DATE:	END DATE:	
15. ESTIMATED FUNDING:		1	16. IS APPLICATI	ION SUBJECT TO REVIEW BY STA	ATE EXECUTIVE	
a. FEDERAL	\$ 1,070.0	00	Order 12372 PF			
b. APPLICANT	\$ 219,956.	00		REAPPLICATION/APPLICATION W E STATE EXECUTIVE ORDER 1237. W ON:		
c. STATE	\$ 184,537.0	00	DATE:			
d. LOCAL	\$ 35,419.0	00			•	
e. OTHER	\$ 0.6	00				
f. PROGRAM INCOME	\$ 0.0	ρο 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CANT DELINQUENT ON ANY FED		
g. TOTAL	\$ 221,026.0	00	[] YE	S if "Yes," attach an explanation.	X NO	
18. TO THE BEST OF MY KNOWLEDGE DULY AUTHORIZED BY THE GOVERNI IS AWARDED.	AND BELIEF, ALL DA	ATA IN THIS APPLICATION PPLICANT AND THE APP	N/PREAPPLICAT LICANT WILL CO	TON ARE TRUE AND CORRECT, TOMPLY WITH THE ATTACHED ASS	THE DOCUMENT HAS BEEN SURANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REP	RESENTATIVE:	b. TITLE:	· 4 ~	c. TELEPHO	ONE NUMBER:	
Thomas Reefe		LEO	37B-6	4084750	816x16	
				d. DATE:	662	

				OMB Approval No. 0348-0043
APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier
FEDERAL ASSISTAN	EDERAL ASSISTANCE 2. DATE SUBMITTED August 12		2, 2002	N/A
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT
71ppacadon	Preapplication	4. DATE RECEIVED BY	EEDERAL AGENCY	Federal Identifier
Construction	Construction Non-Construction	4. DATE RECEIVED BY	02	06-01483
Non-Construction 5. APPLICANT INFORMATION		TO THE		
Legal Name:	- N 15		Organizational Unit:	5 Date and Decreation
Legal Name: California - Department of Address (give city, county, State,	Parks and Redreate	p -		tment of Parks and Recreation
Post Office Box 942896 Sacramento 3150 Sac	cramento DB7	SEP 1 0 2002	tris application (give a Odel T. King, Jr.	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	THE ADMINISTRA	TI OF APPLICA	ANT: (enter appropriate letter in box)
	ITT STATI	E CLEARING TO	001	ANT: (enter appropriate letter in box) H. Independent School Dist.
			A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:		·	C. Municipal	J. Private University
☑ New	Continuation	Revision	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	or(a) in boy(as)	1 [E. Interstate	L. Individual
In Revision, enter appropriate lette	3(S) 11 DOX(GS)		F. Intermunicipal	M. Profit Organization
A. Increase Award B. Deci	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)
,	specify):			
	. ,,		9. NAME OF FEDER	
			Department of th	e Interior
			National Park Se	ervice - Western Region 1443
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
IV. OATALOG OF TESTINE		15-916	Lake Webb Com	npground Development
			Korn County Par	rks and Recreation
TITLE: Outdoor Recre	eation - Acquisition, Dev	elopment & Planning	1110 Golden Sta	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, St	tates, etc.):	Bakersfield, CA	
06-77574			Dakersheid, OA	33301
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
10/1/02 6/30/06)3		21
15. ESTIMATED FUNDING:			16. IS APPLICATION	N SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED PORDING.			ORDER 12372 P	
a. Federal	\$.00	1	
4.100014.		127,573	a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$.00		E TO THE STATE EXECUTIVE ORDER 12372
``		127,573	PROCESS	S FOR REVIEW ON:
c. State	\$. 00		9/5/02
		00	DATE	7700
d. Local	\$	•	h No TI PROGE	RAM IS NOT COVERED BY E. O. 12372
e. Other	\$	00		OGRAM HAS NOT BEEN SELECTED BY STATE
e. Other	Ψ	•	FOR RE	
f. Program Income	\$	00	· · · · · · · · · · · · · · · · · · ·	
i. Frogram meome	Ψ	,	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	00		attach an explanation.
		255,146		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLIC	CATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE
			IE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				La Talanhona Number
a. Type Name of Authorized Rep	presentative	b. Title Director, Parks an	d Recreation	c. Telephone Number (916) 653-7423
Rusty Areias				
d. Signature of Authorized Repre	serialive A	el THE	78	e. Date Signed
Designa Edition Hookin			/ //	Standard Form 424 (Rev. 7-97)

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APPLICATION FOR	FEDERAL ASSIST	ANCE	1. TYPE OF SUBMISSI Non-Construction	IONIU - DINC HOLI			
	DATE DESCRIPTION OF STATE		STATE APPLICATION I	IDE STATE CLEARING HOU			
23. DATE SUBNITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	-		01/112			
09/06/02 2b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:				
03SR026312	09/06/02		02\$RPCA116				
5. APPLICATION INFORMATION		,					
LEGAL NAME: N. CA PRESBYTERIAN HO	OMES & SRVS INC	PERSON TO area codes):	DIBE CONTACTED ON MATTI	FOR PROJECT DIRECTOR OR OTHER FERS INVOLVING THIS APPLICATION (give			
ADDRESS (gw street address, city, stat	e and zip code):		E NUMBER: 415-731-3335				
1525 Post St			ER: 415-731-3337				
San Francisco CA 94019		į.	E-MAIL ADDRESS: 15vp4@mi	indspring.com			
6. EMPLOYER DENTIFICATION NUMBER	R (EIN):	7, TYPE OF	APPUCANT:				
941437728		7a. Non-Pro	ofit				
		7b. Pairh-bas	sed organization				
8. TYPE OF APPLICATION: NEW X COL	NOITAUNITIN						
If Revision, enter appropriate letter(s) in b	ocor(ee):						
A, Increase Award B. Decrease A	tward C. Increase Duration						
D. Decresse Direction		0 1/01/55 (25	F FEDERAL AGENCY:				
				al and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC	ASSISTANCE NUMBER; 94.002	1	PTIVE TITLE OF APPLICANT	TS PROJECT:			
10b, TITLE: Retired and Senior Voluntee	r Program	SAN FR	ANCISCO R5VP				
12. AREAS AFFECTED BY PROJECT (LI San Francisco City and County	at Otles, Counties, States, etc):						
13. PROPOSED PROJECT: START DATE	E: 01/01/01 END DATE: 12/31/03	3 14, PERFOR	RMANCE PERIOD: START D	DATE: END DATE:			
15. ESTIMATED FUNDING:		16. IS APPL	ICATION SUBJECT TO REVI	NEW BY STATE EXECUTIVE			
B. FEDERAL	\$ 131,863.00	1 .	172 PROCESS?	•			
b. APPLICANT	\$ 101,404.00	Τ.	YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR				
c. STATE	s 0.00	i i	REVIEW ON: DATE: 05-SEP-02				
d. LOCAL	\$ 101,404.00						
e. OTHER	\$ 0.00		Market Control of Cont	• •			
1. PROGRAMINCOME	\$ 0.00	17. IS THE	APPLICANT DELINQUENT C YES if "Yes," attach an				
g. TOTAL	\$ 233,267.00		,				
18. TO THE BEST OF MY KNOWLEDGE DULY AUTHORIZED BY THE GOVERNI IS AWARDED.	AND BELIEF, ALL DATA IN THIS APPL NG BODY OF THE APPLICANT AND T	LICATION/PREAPP THE APPLICANT W	LICATION ARE TRUE AND (CORRECT, THE DOCUMENT HAS BEEN ACHED ASSURANCES IF THE ASSISTANCE			
a. TYPED NAME OF AUTHORIZED REP	RESENTATIVE: b. TITLE:			c. TELEPHONE NUMBER;			
	President &	CEO		415-922-0200			
Barbara Hood	T restaute &						
Barbara Hood	Trosadita			d. DATE: 09/06/02			

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APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED August 13, 2002		Applicant Identifier N/A
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier SAI-EXEMPT
Application Construction Non-Construction	Preappilication Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier 06-01459
5. APPLICANT INFORMATION	↑			0.00
Legal Name: California - Department o	of Parks and Redeath		Organizational Unit; California Depart	tment of Parks and Recreation
Address (give city, county, State, Post Office Box 942896 Sacramento 3150 Sa California 06 94	and zip code; { 		this application (give a del T. King, Jr. (916) 653-8758	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	LEARING HOU	7. TYPE OF APPLICA SE State	H. Independent School Dist.
8. TYPE OF APPLICATION:	Continuation	Revision	B. County C. Municipal	State Controlled Institution of Higher Learning J. Private University
If Revision, enter appropriate letti A. Increase Award B. Dec D. Decrease Duration Other(s	rease Award C, Increase	Duration	D. Township E. Interstate F. Intermunicipal G. Special District	K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)
D. Decidase Balayor Chieffs	spacity).		9. NAME OF FEDERA Department of the National Park Ser	
10. CATALOG OF FEDERAL DO		1 5 - 9 1 6		rund Development
12. AREAS AFFECTED BY PRO 06-75000	eation - Acquisition, Deve	_	City of Stockton, 6 East Lindsay S Stockton, CA 95	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
Start Date	в. Applicant 03		b. Project	11
15. ESTIMATED FUNDING:		-	16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$	151,536		
b. Applicant	\$	151,536	AVAILABLE	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$	ţid .	DATE _	
d. Local	\$	Ďo		M IS NOT COVERED BY E. O. 12372
e, Other	\$.00		GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$.00		IT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	303,072	Ycs If "Yes," s	attach an explanation.
ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GOV THE ASSISTANCE IS AWAI	VERNING BODY OF TH	ATION/PREAPPLICATI E APPLICANT AND TH	ION ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE
 Type Name of Authorized Repr Ruth Coleman 	esentativo	b. Title Acting Director, Pa		c, Telephone Number (916) 653-7423
d. Signeture of Authorized Repres	entative O	e 74		6. Date Signed 8-13-07
Previous Edition Usable				Standard Form 424 (Rev. 7-97)

APPLICATION FOR				OMB Approval I	No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August 1	2 2002	Applicant Identifier N/A	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY			
Application	Preapplication	J. DATE RECEIVED BY	JIAIL .	State Application Identifier SAI-EXEMPT	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction	8-18	-UI	06-01466	
5. APPLICANT INFORMATION					
Legal Name:	6 D . 1 . 1 D		Organizational Unit:		
California - Department o		GEIVE		ment of Parks and Recreation	
	acramento 067 1296-0001	SEP - 9 2002	this application (give a Ode T. King, Jr. (916) 653-8758	number of person to be contacted on marea code) NT: (enter appropriate letter in box)	areis involvin
				Ā	
		ALEXANDA III	A. State	H. Independent School Dist.	_
8. TYPE OF APPLICATION:	SIAIE	CLEARING HO)USEulty	State Controlled Institution of Higher	Learning
☑ New	Continuation	Revision	C Muricipal D. Township	J. Private University	
If Revision, enter appropriate lett	er(s) in box(es)	1 -	E. Interstete	K. Indian Tribe L. Individual	
and appropriate terms			F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other	specify):				
			9. NAME OF FEDERA	L AGENCY:	
			Department of the		
			National Park Sei	vice - Western Region 1443	
10. CATALOG OF FEDERAL DE	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
	ſ	15 - 9 1 6	Creekwood Park	Development	
Outdoon Door	l Latina Apprilation Design		City of Modesto	Development	
	eation - Acquisition, Deve		1010 Tenth Street	et Suite 4400	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ites, etc.):	Modesto, CA 95		
06-48354				•	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
10/1/02 6/30/06	03			18	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EX OCESS?	ECUTIVE
a. Federal	\$	Da	1		
		36,531	a YES. THIS PREA	PPLICATION/APPLICATION WAS MA	DE
b. Applicant	\$	36,531	AVAILABLE	TO THE STATE EXECUTIVE ORDER	12372
c. State	\$	30,331 w	PROCESS	FOR REVIEW ON:	
J. 5216	Ψ	•	DATE 9	1/9/02	
d. Local	\$	70	J		
		,	b. No. PROGRA	M IS NOT COVERED BY E. O. 12372	
c. Other	\$.00		GRAM HAS NOT BEEN SELECTED BY	STATE
			FOR REV	IEW	
f. Program Income	\$,00			
a TOTAL	<u> </u>	LMI .	17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL I	DEBT?
g. TOTAL	\$	73,062	Yes If "Yes," a	ettach an explanation.	No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF THE	ATION/PREAPPLICAT E APPLICANT AND TH	ION ARE TRUE AND CORRECT. THE E APPLICANT WILL COMPLY WITH	THE
a. Type Name of Authorized Rep		b. Titic		c. Telephone Number	
Ruth Coleman	'	Acting Director, Par	ks and Recreation	(916) 653-7423	
d. Signature of Authorized Repres	sentative			e. Date Signed - 02	
	UL ace	2760			
Previous Edition Usable Authorized for Local Reproduction	า		110	Standard Form 424 (Rev. 7-	
- management and model trabloomedial	I .			Prescribed by OMB Circular.	A-102

APPLICATION FEDERAL A			2. DATE SUBMITTED		plk antition ''	Омы Аррюум г.о. 0348-9643 А
1. TYPE OF SUBMI		pplication	3. DATE RECEIVED BY	STATE	State Applicant Identifier N/	Λ
Construction		Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non Construct ■ Non Construct		ton-Construction			1	WA
5. APPLICANT INFO	PMATION		· · · · · · · · · · · · · · · · · · ·	·		
Legal Name: Santa				Organizational Unit:		
Addiess (gwe city, c	ounty, state, and zij 'enter Plaza	code);		Name and telephone application (give are Name: Anthony)		on matters involving this
Santa Ana	i, CA 92702			Phone: 71424580	29	
6. EMPLOYER IDE	NTIFICATION NUM	BER (EIN):		7. TYPE OF APPLK	CANT: (enter appropriate letter l	n box)
	956000785			A. State B. County	H. Independent School I	Litting
8. TYPE OF APPLIC	CATION:	Conlinuation	□ Revision	C. Municipal D. Township E. Interstate F. Intermunicipa	J. Private University K. Indian Tribe L. Individual M. Prölit Organization	
If Revision, enter app				G. Special Distri	ct N. Other (Specify)	
A. Increase Award D. Decrease Dura			Increase Duration	9. NAME OF FEDER	RAL AGENCY: Department of Justic	e
				Office	of Community Oriented Pol	licing Services
10. CATALOG OF P	EDERAL DOMEST	TC ASSISTANCE N	IÚMBÉR:	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJEC	OT:
TITI F- 2007 Tag	hindogy laiffathy	1 6 .	7 1 0	Technolo	gy Grant/Crime Ana	llysis Project
12. AREAS AFFECTED City of Sar	BY PROJECT (cille		c:);			
13. PROPOSED PR	OJECT:	14. GONGRESS	IONAL DISTRICTS OF	:		
Start Date	Ending Date	a. Applicant		b. Project		
10/01/2001	9/30/2002					
16. ESTIMATED FU	NDING:			I	ATION SUBJECT TO REVIEW B	Y STATE EXECUTIVE
a. Federal	s		500000.00	YES TH	372 PROCESS? IS PREAPPLICATION/APPLICAT	
b. Applicant	s		.00.	BA PER	IAPABLE TO THESTATE EXECU ROCESS FOR REVIEW ON.	JTIVE ORDER 12372
o. State	\$.00.		ATE	
u. coca	\$		ia.) (b/\s \)	PROGRAM IS NOT COVERED	D BY E.O. 12372
e. Other	. s		ю.		OR PROGRAM HAS NOT SET FOR REVIEW	EN SELECTEO BÝ STATE
f. Program Income	5		.00.	17. IS THE AP	PLICANT DELINQUENT ON ANY	
g. TOTAL	S S	DESIGN ALL DATA)0, 88940174 20100 a 20107 KI		If "Yes," plach an explanation JE AND CORRECT, THE DOCUMENT	No
					RANCES IF THE ASSISTANCE IS AW.	
Paul M: Walte	ers A	tative	b. Title Ch	nief of Police		c. Telephona number (714) 245-8001
d. Signature of Alutho	e WW	At.				e. Oale Signed
Previous Editoria Usable		Authorized for Loca	Reploductor	Standard Form of E	EP - 9-2002	Prescribed by OMG Circular A-10
				WIATE	EADING	1

STATE CLEARING HOUSE

APPLICATION FOR				OME	3 Approval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August 1	2, 2002	Applicant Identifier N/A	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT	***************************************
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01463	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	1 40/0-12/C	1-	00-01403	
			Organizational Unit:		
California - Department	of Parks and Recreation	ne blank		tment of Parks and Re	
Post Office Box 942896 Sacramento 3150 Sa	acramento		this application (give a Diget T. King, Jr.	number of person to be conta res code)	acted on matters involvin
	1296-0001	SEP - 9 2002	(916) 653-8758		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	CLEARING HO	17. TYPE OF APPLICA	NT: (enler appropriate letter H. Independent School Dis	Α
8. TYPE OF APPLICATION:	Ontic	. OLL/IIIIIO TIC	1	I. State Controlled Institutio	л of Higher Learning
If Revision, enter appropriate let		Revision	C. Municipal D. Township E. Interstate	J. Private University K. Indian Tribe L. Individual	•
in Menision, enter appropriate len	Lei(3) III DOX(E3)		F. Intermunicipal	M. Profit Organization	•
	crease Award C. Increase (specify):	e Duration	G. Special District	N. Other (Specify)	Account to the second s
			9. NAME OF FEDERA		
			Department of the National Park Se	e Interior rvice - Western Regior	າ 1443
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PRO	DUECT:
		1 5 - 9 1 6	Clarkson/12th Av	ve Park Dev	
TITLE: Outdoor Recri	eation - Acquisition, Deve	elopment & Planning	City of Kingsburg		
12. AREAS AFFECTED BY PRO			1401 Draper Stre		
06-38562			Kingsburg, CA 9		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			·
Start Date Ending Date 10/1/02 6/30/06	a. Applicant 03	3	b. Project	20th	
15. ESTIMATED FUNDING:		UL	16. IS APPLICATION ORDER 12372 PF	SUBJECT TO REVIEW BY ROCESS?	STATE EXECUTIVE
a. Federal b. Applicant	\$	87,855 °°		APPLICATION/APPLICATIO	
c. State	\$	87,855 bu	PROCESS	TO THE STATE EXECUT! FOR REVIEW ON;	VE ORDER 123/2
d. Local	\$		DATE 9/	9/02	
d. Eddar		•	b. No. PBOGRA	M IS NOT COVERED BY E	. O. 12372
e. Other	\$. do	· · · · · · · · · · · · · · · · · · ·	GRAM HAS NOT BEEN SEL	
f. Program Income	\$	or	17 IS THE ADDITION	NT DELINQUENT ON ANY	EEDEDAL DEGTO
g. TOTAL	\$	175,710	1	attach an explanation.	PEDERAL DEBT? □ No
18. TO THE BEST OF MY KNOW	NLEDGE AND BELIEF, ALI	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TON ARE TRUE AND COR	RECT, THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	RDED.	E APPLICANT AND TH	·	PLY WITH THE
a. Type Name of Authorized Rep Ruth Coleman	resentativo	b. Title Acting Director, Par	rks and Recreation	c. Telephone Number (916) 653-7423	
d. Signature of Authorized Repre	sentative Occ		7	e. Date Signed \$ -/3	-07
Provious Edition Health			11		

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR				Applicant Identifier
FEDERAL ASSISTAN	CE	2. DATE SUBMITTED August 12	,	N/A
		-		State Application Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	SIAIE	State Application Identifier SAI-EXEMPT
Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01490
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			
Legal Name: California - Department of	Parks and Recreation	n	Organizational Unit: California Depart	tment of Parks and Recreation
Address (give city, county, State, a				number of person to be contacted on matters involving
Post Office Box 942896	cramento 067		this application (give a Odel T. King, Jr.	rea code)
Camorna	296-0001		(916) 653-8758	ANT: (enter appropriate letter in box)
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		A, State	H. Independent School Dist.
a TOPE OF A PRI ICATION:			B. County	I. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:	По« «	Revision	C. Municipal	J. Private University
L New	Continuation	T Keaplou	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	r(s) in box(es)		E. Interstate	L. Individual
		J	F. Intermunicipal	M. Profit Organization N. Other (Specify)
1		e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	pecify):		9. NAME OF FEDER	AL AGENCY:
			Department of the	
			National Park Se	ervice - Western Region 1443
				ITLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N		. [
		1 5 — 9 1 6	Cottonwood Par	
TITLE Outdoor Recre	eation - Acquisition, Dev	relopment & Planning	City of Loma Lin	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, St	tates, etc.):	Department of F	
	,	•	25541 Barton R Loma Linda, CA	
06-42370			Loma Linda, OA	7 02004
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:		
Start Date	a. Applicant)3	b. Project	40
15. ESTIMATED FUNDING:			I	N SUBJECT TO REVIEW BY STATE EXECUTIVE
	T <u>.</u>	60	ORDER 12372 P	PROCESS?
a. Federal	\$	35,772	a. YES. THIS PRE	EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	E 1111	35,772	i	S FOR REVIEW ON:
c State 15	\$	00	DATE	
diferent SEP - 6 W	S L	. 00	b. No. PROGF	RAM IS NOT COVERED BY E. O. 12372
1. Program indome LEARIN	S HOUSE		FOR RE	OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW
1. Frogram Hygome [EARIN	3110	-00	47 IS THE ADDITIO	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	71,544	-1	" attach an explanation.
AD TO THE BEST OF MY IVIS	W EDGE AND DELIEE A	•	CATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, A AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				
a. Type Name of Authorized Rep Rusty Areias	presentative	b. Title Director, Parks ar	nd Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Repre	esentative	el Th		e. Date Signed 13 - D 7

OMB Approval No. 0348-0043 APPLICATION FOR Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE N/A August 12, 2002 State Application Identifier SAI-EXEMPT 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Preapplication Application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction 06-01486 Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: California - Department of Parks and Redjeation Legal Name: California Department of Parks and Recreation Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) Odel 1. King, Jr. Post Office Box 942896 Sacramento 3150 Sacramento (916) 653-8758 94296-0001 California 06 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Α STATE CLEARING H ICE H. Independent School Dist. A State I. State Controlled Institution of Higher Learning B. County 8. TYPE OF APPLICATION: C. Municipal J. Private University Revision Continuation New K. Indian Tribe D Township L. Individual E. Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) C. Increase Duration B. Decrease Award A. Increase Award Other(specify): D: Decrease Duration 9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 - 9 1 6 Miles Park Picnic Area Development City of India TITLE: Outdoor Recreation - Acquisition, Development & Planning 100 Civic Center Mall 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Indio, CA 92201 06-36448 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT b. Project Ending Date a. Applicant Start Date 44 03 6/30/06 10/1/02 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a. Federal \$ 76,573 (YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant 76.573 PROCESS FOR REVIEW ON: 9-5-02 S c. State d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$ e. Other FOR REVIEW 00 f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. ☐ No 153,146 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative (916) 653-7423 Acting Director, Parks and Recreation Ruth Coleman e. Date Signed d. Signature of Authorized Representative

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE	CE	2. DATE SUBMITT	TED ·		Applica	ant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVE	D BY STAT	=	State A	Application Identifier	
Application Prea	pplication	_					
1	Construction	4. DATE RECEIVE	D BY FEDER	RAL AGENC	Y Federa	l Identifier	
	Non-Construction						
5. APPLICANT INFORMA							
Legal Name: V +	M W	C. 7	MC	Organizatio	onal Unit:		
Address (give city, county, state,	, and zip code):	-4.2					contacted on matters involving
1 5413 CAMPR	IELL RD	•		this applica	ation <i>(giv</i>	MILLI GAN	(PRBS)
Lompoc, CA.	93436			1000	NVI	latter att.	
SANTA BARB	NOA CAUN	74		(802)	73 (17 4074	
6. EMPLOYER IDENTIFICATION	YEINI:			7. TYPE O	F APPLIC	ANT: (enter apprpriate le	tter in boxi
		- (1					6
1 9 3 1 . 1 7 1 4	3 1 2	(014)		A. Stat		H. Independent	School Dist.
TYPE OF APPLICATION				B. Cour	nty sicipal	J. Private Univer	ed Institution of Higher Learning sity
8. TYPE OF APPLICATION:	- 1			D, Tow	nship rstate	K. Indian Tribe L. Individual	
No.	w Con	tinuation Re	vision	F. Inter	rmunicipa	M. Profit Organiz	ation
	·	 3		G. Spec	cial Distric	ct N. Other (Specific	YI
If Revision, enter appropriate lett	ter(s) in						
1			· · · · · · · · · · · · · · · · · · ·				The state of the s
V. Microsop viviaira	Decrease Award	C. Increase Dur	ation				;
D. Decrease Duration Ot	her (specify):				0. FED.F.	AL AGENCY:	SEP - 5 2002
							- Addition to the same of the
				U	1, 2.,	D.A. B.	DISTATE ALBERT
				11 0500	DIDTIVE T	TILE OF APPLICANT'S P	ROJECT:
10. CATALOG OF FEDERAL DON	MESTIC ASSISTAN	CE NUMBER:					
		0 7	1 0	CONSTRUCT NEW			
		0 - 1	60	WATER WELL			
TITLE:				CONNECT TO EXISTING			
12. AREAS AFFECTED BY PROJ	ECT (Cities, Counti	es, States, etc.)		1 6	ONN	1201 10 6	27.13.11.9
SANTA BAR	SAIZA CO	1 6/11		S	YST	BM \	
			0701070	05:			
13. PROPOSED PROJEC		RESSIONAL DI	STRICTS	OF:	Project		
Start Date Ending Date	a. Applicant	-200-1	-90	"	(SAME	
12/02/12/0		MICI H	85				EVIEW BY STATE EXECUTIVE
15.	ESTIMATED F	UNDING				12372 PROCESS?	,
		-295-	MAA	00		~ DDC 4 DDI ICATION	APPLICATION WAS MADE
a. Federal	3	325,			(a. YES)	AVAILABLE TO THE ST	/APPLICATION WAS MADE FATE EXECUTIVE ORDER
	_			.00		12372 PROCESS FOR	
b. Applicant	\$.00			
	_			.00			
c. State	\$, .00		DATE	
				.00		hamma	
d. Local	\$.00	b. NO	PROGRAM IS NOT	COVERED BY E.O. 12372
				00		OR PROGRAM HA	S NOT BEEN SELECTED BY
e. Other	\$.			.00		STATE FOR REVIE	
				00			
f. Program Income	\$			17.			ON ANY FEDERAL DEBT7
					YES	(Attach explanation)	¥NO
g. Total	\$	325,	000	00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE CORRECT, THE DOCUMENT HAS BEEN DULY ACCURANCES IN THE ASSISTANCE IS AWARDED.							
APPLICANT WILL COMP	PLY WITH THE	ATTACHED A	SSURAN	CES IF T	HE ASS	SISTANCE IS AWA	RDED.
			b. Title				c. Telephone Number
a. Type Name of Authorized Re		1		12135.	V. /	1.M.W.C, FNC	(805) 737 4074
DEAN VI M				171-0.	7.7	11	e. Date Signed
d. Signature of Authorized Repr	esentative						8/14/02
Many	, mulis	jan				STAND	ARD FORM 424 (REV. 4-92)

UDS Number: 098150

OMB Approval No. 0348-0043

APPLICAT	ION FOR				· · · · · · · · · · · · · · · · · · ·	
	RAL ASSISTANCE		2. DATE SUBMITTED)	Applicant Identifle	r
1. TYPE OF SUBMIS Application	i i	application	3. DATE RECEIVED E	BY STATE	State Applicationt	Identifier
Construction		Construction	4. DATE RECEIVED	DATE RECEIVED BY FEDERAL AGENCY		
Non-Constru	<u> </u>	Non-Construction			H80CS001	MCIP
5. APPLICANT INFOI Legal Name:	RMATION					
SOUTH COU		IITY HEALTH C	CENTER, INC.	Organizational Unit: DIVISION OF	HOSPITALS AND C	CLINICS
Address (give city, cour	nty, state, and zip code)		Name and telephone nut	mber of the person to be con	tacted on matters involving
		1798 - A Bay R	load	Robert Lewis	Ex	recutive Director
East Palo Alto	CA	94303-1164		650-330-7410		
6. EMPLOYER IDENT 1943372130A		(EIN):		1	IT: (enter apprpriate letter	N
8. TYPE OF APPLICA	TION:			A. State B. County	H. Independer	nt School Dist. Tolled Institution of Higher
	☐ New	Continuation	Revision	C. Municipal	Learning	
If Revision, enter appro	L		1	D. Township E. Interstate	J. Private Uni K. Indian Tribe	
A. Increase Award	B. Decrei		j ncrease	F. Intermunicipal	L. Individual	Other: Private Non-Profit
D. Decrease Duratio				9. NAME OF FEDERAL		ecily)
				HHS, BPHC		
10. CATALOG OF FE	DERAL DOMESTIC	ASSISTANCE NUMBE	R:	11. DESCRIPTIVE TITL	E OF APPLICANT'S PROJ	ECT
	COMMUNITY HEAL	TH CENTERS		1	mmunity Health Cei	
				Doum County Co	minumity ricatin oci	And complete signed state of a place completely and a post of a post confidence of the confidence of t
						Annual Control Control Control
12. AREAS AFFECTE	BY PROJECT (6	ties, counties, states, e	fo I-			esquiant
						SEP - 5 2002
East Palo Allo,	N Fall Oaks, D	elle Haven, E Re	awooa City			JLI 9 20
13. PROPOSED PROJ	ECT:	14. CONGRESSIO	NAL DISTRICTS O	1		100 April 100 Ap
Start Date	Ending Date	a. Applicant		!	b. Project	STATE CLEASE STATE
12/01/2002	11/30/2004	14			14	See and see section of a law wheel of manufactures resourced as in the resource of construction of a law or the section of the
16. ESTIMATED FUND	ING:		16. IS APPLICA	ATION SUBJECT TO REV	IEW BY STATE EXECUTIV	/E ORDER 12372 PROCES
a. Federal	\$1,963,0	83.00	a. YES. TH	IIS PREAPPLICATION/APP	PLICATION WAS MADE AV	ļ
b. Applicant	\$0.00		DA	ORDER 12372 PROCESS TE 08/01/2		
c. State	\$0.00		b.	V PROGRAM IS NOT C	COVERED BY E.O. 40070	
d. Local \$0.00				NOT BEEN SELECTED S	TATE FOR REVIEW	
e, Other	\$121,610	.00				THE STATE OF THE S
f. Program Income	\$875,737	.00	17. IS APPLICAT	TION DELINQUENT ON A	NY FEDERAL DEBT?	
g. TOTAL	\$2,960,43		YES		·	V NO
8. TO THE BEST OF MY	KNOWLEDGE AND	BELIEF, ALL DATA	N THIS APPLICATION	PREAPPLICATION ARE	TRUE AND CORRECT, TH	HE DOCUMENT HAS BEEN DULY
a. Typed Name of Auth	orized Representativ	r ine applicant A 'e	NU THE APPLICANT W	b. Title	AT TACHED ASSURANCE	S IF THE ASSISTACE IS AWARDED.
Robert Lewis	, ,		i	Executive Director	r	650-330-7410
i. Signature of Authori	zed Represetative					e. Date Signed
- Suh	A Le	~				D9/04/02

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		1		
Legal Name:			Organizational Unit:	
Artois Communit		strict	Water Sys	
Address (give city, county, State, P.O. Box			Name and telephone in this application (give a	number of person to be contacted on matters involvir rea code)
Artois, C			Jack Cavie	r Jr. (530-934-5654)
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
68			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
X New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
			F. Intermunicipal	M. Profit Organization
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL AGENCY:
			O. ITHINGS I INDICATE	
	ence-marketinister encommon e	Southanne prices yn thirminin chwydd Arth Cynhyddiainiau		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:
		10-760	Now w	ell pressure tank,
TITLE Water &	Waste Dispsa			ural Gas generator,
12. AREAS AFFECTED BY PRO		······	4	tings.
		,		
Artois Communi	1			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date 5 / 03 8 / 03	a. Applicant		b. Project	
15. ESTIMATED FUNDING:	<u></u>		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
	Y	00	ORDER 12372 PR	ROCESS?
a. Federal Loan Grant	\$ \$180,000		2 VES THIS PREA	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$.00	4	TO THE STATE EXECUTIVE ORDER 12372
	\$20,000		PROCESS	FOR REVIEW ON:
c. State	\$.00	DATE	8/15/02
d. Local	\$.00	DATE	0/15/02
3. 20001				AM IS NOT COVERED BY E. O. 12372
e. Other	\$.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE /IEW
f. Program Income	\$.00	47 IC THE ADDITION	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$.00		
	200,000		To commit	attach an explanation. No
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			E APPLICANT AND IT	HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title		c. Telephone Number
Jack Cavier Jr		Chairman p	<u>E </u>	(530) 934-5654
d. Signature of Authorized Repre	sentative			a. Date Signed
Previous Edition Usable	٨		, a oono	Standard Form 424 (Rev. 7-97)
Authorized for Local Reproductio	vn	UU SEI	9 - 4 2002	Prescribed by OMB Circular A-102
		CTATE OF	EARING HOU	CE CE
		SIAIE	LANINU HUU	

559 386-5766 City Manager Melissa G. Whitten e. Date Signed d. Signature of Authorized Representative April 29, 2002 STANDARD FORM 424 (REV. 4-92)

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Kings County Association o. Governments

Kings County Government Center * 1400 W. Lacey Boulevard * Hanford, California 93230 (559) 582-3211 extension 2670 FAX (559) 584-8989 Web Site: www.countyofkings.com/kcag/

Member Agencies: Cities of Avenal, Corcoran, Hanford and Lemoore, County of Kings

STATE OLEA SING HOUSE

August 29, 2002

Melissa G. Whitten, City Manager City of Avenal 919 Skyline Boulevard Avenal, CA 93204

Re:

Areawide Planning Review #02-05

Oasis Business Industrial Park Project

Dear Ms. Whitten:

The Kings County Association of Governments (KCAG) has reviewed your proposal for federal funding assistance from the Economic Development Administration. In accordance with Office of Management and Budget Executive Order 12372, KCAG, as the areawide planning organization and clearinghouse, has coordinated local review of your proposal.

The following agencies commented that the project does not duplicate or conflict with any of their programs: Kings County Public Works Department; Kings County District Attorney's Office; Kings County Ag Commissioner/Sealer; Kings County Health Department; City of Hanford Planning Department; City of Hanford Fire Department; Caltrans, District 6 Office; Housing Authority of Kings County; and Proteus, Inc.

The Kings County Association of Governments (KCAG) staff comments that the project does not unnecessarily conflict with any County programs, is timely, and should be undertaken now. The Kings County Association of Governments Commission's comments include and ratify those of its staff and other reviewers regarding Areawide Planning Review #02-05.

Thank you for the opportunity to review and comment on your project. We would appreciate being notified by your funding agency if the application is successful. Please feel free to contact me if you have any questions at (559) 582-3211 ext. 2677.

Sincerely,

cc:

KINGS COUNTY ASSOCIATION OF GOVERNMENTS

William R. Zumwalt, Executive Director

Rick J. Williams, Planner II

Sheila Brown, State Clearinghouse, Office of Planning & Research

UDS Number: 093190

OMB Approval No. 0348-0043

APPLICATION FEDERAL A	ON FOR SSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
TYPE OF SUBMISSION Application		ation	3. DATE RECEIVED BY	Y STATE	State Applicationt ld	dentifier
Construction Non-Construction	Cons	truction Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier H80CS002: N	MCIP
5. APPLICANT INFORM	MATION					
Legal Name: TIBURCIO VAS	QUEZ HEALTH	CENTER, II	NC.	Organizational Unit:		
Address (give city, county UNION CITY	33.	255 9TH STF 45872137	REET	Name and telephone num this Jose Joel Gard	iber of the person to be control	acted on matters involving
ONION OIT	OA 3	40012101		(510)471-5907		
6. EMPLOYER IDENTIF 1237118361A1 8. TYPE OF APPLICATI If Revision, enter approp A. Increase Award	☐ New ✓	Continuation	Revision	7. TYPE OF APPLICAN A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal	Leaming J. Private Univ K. Indian Tribe L. Individual	nt School Dist. olled Institution of Higher
D. Decrease Duration			ation	9. NAME OF FEDERAL HHS, BPHC		
12. AREAS AFFECTED	DERAL DOMESTIC ASSEPTION DEPT PROJECT (cities nont Union City, N	, counties, states,	etc.):	1	E OF APPLICANT'S PROJ	!
13. PROPOSED PROJ	ECT:	14. CONGRESSI	ONAL DISTRICTS O			
Start Date 01/01/2003	Ending Date 12/31/2003	a. Applicant			b. Project 10	STATE CLEARING H
15. ESTIMATED FUND	DING:		16. IS APPLIC	ATION SUBJECT TO REV	/IEW BY STATE EXECUTI	IVE ORDER 12372 PROCES
a. Federal	\$796,027.0	0		HIS PREAPPLICATION/AP		VAILABLE TO THE STATE
o. Applicant	\$0.00		1		/2002	
c. State	\$1,655,555	5.00	b.	V PROGRAM IS NOT	COVERED BY E.O. 12372	2
d. Local	\$2,347,800	.00	NO.	السنسا	S NOT BEEN SELECTED	
e. Other	\$1,335,218	.00				
f. Program Income	\$4,588,100	.00		ATION DELINQUENT ON	ANY FEDERAL DEBT?	
g. TOTAL	\$10,722,70		YES		tach an explanatio	V NO
AUTHORIZED BY THE	GOVERNING BODY OF thorized Representative	THE APPLICAN	TA IN THIS APPLICATION TAND THE APPLICANT	b. Title Chief Executive	E ATTACHED ASSURAN	THE DOCUMENT HAS BEEN DULY CES IF THE ASSISTACE IS AWARDED. c. Telephone Number (510)471-5907
d. Signature of Autho						e. Date Signed

APPLICAT					-	OMB Approval No. 0348-00
FEDERAL	ASSISTA	ANCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMI Application Constructi	Pre	papplication Construction	3. DATE RECEIVED BY	STATE	State Application Identifier	
Non-Constr			4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	,
5. APPLICANT INFO		Non-Construction			·	
Legal Name:				Ta		
		laintenance	District	Organizational Un	_{n:} pecial Distrio	et
Address (give city,				Name and telepho	ne number of the serses to be	a contacted on matters involving
4639 Ben Mariposa				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Petropulos	and an instruction in a classification
1.4112034	, CA 9	2230		(209) 9	66-5356	••
c supreventation						
6. EMPLOYER IDENT				7. TYPE OF APPLIC	ANT: (enter appropriate letter	
	14 - [6 0 0 0	8 8 0	A. State B. County	H. Independent S	chool Dist.
8. TYPE OF APPLICA	TION:			C. Municipal	J. Private Univers	d Institution of Higher Learning
	⊠ New	Continuatio	n 🔲 Revision	D. Township E. Interstate	K. Indian Tribe L. Individual	
If Revision, enter ap	orooriate letter/	s) in boy(ee):		F. Intermunicip	al M. Profit Organiza	ition
A. Increase Awar			Increase Duration	G. Special Distr	ict N. Other (Specify)	
D. Decrease Dur	ration Other (s	pecify):		9. NAME OF FEDERA	AL ACCION	
				United S	States Departme	ent of
10 CATALOG OF FEE				Agricult	cure - Rural De	evelopment
10. CATALOG OF FEE ASSISTANCE NUI	MBER:	,			LE OF APPLICANT'S PROJECT:	
TITLE:				Yosemite	Westphastewa	Facility
12. AREAS AFFECTED	BY PROJECT (CI	ities, counties, states,	etc.):		cro - · ·	O THE CONTRACT OF THE CONTRACT
		Californi	1		SEP - 3 2	2002
.		OGZZZOZNI			STATE	Tales to a constant of the con
13. PROPOSED PROJE	FCT:	1			STATE CLEARING	HOUSE
Start Date	Ending Date		NAL DISTRICTS OF:		•	
8/1/02	10/31/0	1			b. Project	
15. ESTIMATED FUNDI	NG:		16. IS APPLICATION	SUBJECT TO REVIEW	BY STATE EXECUTIVE ORDER 1	2272 2222
a Federal	\$ 3,7	67,000 .00	a. YES THIS	S PREAPPLICATION	APPLICATION WAS NADE AN	IAN ADIE TO THE
b Applicant	3	.00.		TE EXECUTIVE ONE	DER 12372 PROCESS FOR RE	EVIEW ON
		.00	DAT	E		
State	\$.00	b NO X	PROGRAM IS NOT	COVERED BY E O 12372	·
d Local	\$.00				
Other	s	.00		OTT TOGTAM HAS	S NOT BEEN SELECTED BY S	TATE FOR REVIEW
Program Income	s	.00.	17. IS THE APPLICA	NT DELINQUENT ON A	NY FEDERAL DEBT?	
TOTAL	\$ 3,76	57,000 .00	Yes 11 "	Yes," attach an expl	anation.	X No
8. TO THE BEST OF MY		•	THIS ADDI IOATION CO.		UE AND CORRECT, THE DOCUME	
AUTHORIZED BY THE G	OVERNING BODY	OF THE APPLICANT AN	D THE APPLICATION PRE	APPLICATION ARE TR COMPLY WITH THE AT	UE AND CORRECT, THE DOCUME TTACHED ASSURANCES IF THE A	ENT HAS BEEN DULY
Typed Name of Auth	horized Represei	ntative	1	Title		T
James J. H				Director		c Telephone number (209) 966-5356
Signature of Author	rized Representa	ative MA	214	,		e Date Signed
evious Editions Not U	. •	1747				
CTIOUS EURIONS NOT	osable	$\vee \mathcal{D}$			Sta Pres	ndard Form 424 (REV 4-88) cribed by OMB Circular A-102

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APPLICATION FOR				OMB Approval	No. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August 2	23, 2002	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application Construction	Preapplication				
Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	7				
Legal Name: Ventura County Con	nmunity College D	istrict	Organizational Unit: Ventura Colle	ge	
Address (give city, county, State	, and zip code):			number of person to be contacted on m	atters involving
333 Skyway Drive Camarillo, CA 9301	10		this application (give a Bill Thieman	rea code) - (805) 648-8954	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
9 5 — 2 2 2 4	3 3 8		A. State	H. Independent School Dist.	1
8. TYPE OF APPLICATION:	<u> </u>		B. County	State Controlled Institution of Higher	· Learning
☑ Nev	y Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate let	er(s) in hoy(es)	-1 [1	D. Township E. Interstate	K. Indian Tribe L. Individual	
in revision, enter appropriate for			F. Intermunicipal	M. Profit Organization	
		se Duration	G. Special District N. Other (Specify) Public College		
D. Decrease Duration Other	specify):		9. NAME OF FEDERA	A AGENCY:	
					.
			U.S. Department	of Commerce, Economic Dev.	Adrnin.
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N		i	TLE OF APPLICANT'S PROJECT:	
		1 1 — 3 0 0		EGE HYDROPONIC, GREENI	HOUSE
	s Grant, PW and ED			ENTATION PROJECT s skills development in high tech	nology
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Si	ates, etc.):		chnology (ag-biotech fermentati	
Ventura County, Cities of	Oxnard, Santa Paula	, Fillmore, Ventura	research and job	creation	Therese Sand
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			SEP
Star! Date Ending Date 10/1/03 9/30/05	a. Applicant 23rd - Elte	on Gallegly	b. Project 23rd - Elton	Gallegly / 24th - Brad She	Pithatie Gle
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EX	ECUTIVE
		30	ORDER 12372 PR	OCESS?	
a. Federal	\$	1,550,000	a VES THIS PREA	APPLICATION/APPLICATION WAS MA	DE
b. Applicant	\$	1,550,000 ·	AVAILABLE	E TO THE STATE EXECUTIVE ORDER FOR REVIEW ON:	
c. State	\$.00	DATE	08/30/02	
d. Local	\$. 00		.M IS NOT COVERED BY E. O. 12372	
e. Other	\$.00		GRAM HAS NOT BEEN SELECTED BY	STATE
f. Program Income	\$.00		√T DELINQUENT ON ANY FEDERAL I	DEBT?
g. TOTAL	\$.00	T V 16 TV T		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

3,100,000

c. Telephone Number (805) 654-6460 a. Type Name of Authorized Representative Larry A. Calderon President, Ventura College d, Signature of Authorized Representative e. Date Signed

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

✓ No

Yes If "Yes," attach an explanation.

3 2002

PART I - FACE SHEET

APPLICATION FOR	APPLICATION FOR FEDERAL ASSISTA		"		ON:
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	DN 3. DATE R	3. DATE RECEIVED BY STATE:		Non-Construction STATE APPLICATION II	DENTIFIER:
07/11/02					
2b. APPLICATION ID:	4. DATE RI	ECEIVED:		GRANT NUMBER:	
03\$R024317	07/11/02				
5. APPLICATION INFORMATION					
ADDRESS (give street address, city, state and zip code): 1527 Fourth St PO Box 769 Santa Monica CA 90406 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952788014 8. TYPE OF APPLICATION: X NEW CONTINUATION REVISION If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration 10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Melodye Kleinman TELEPHONE NUMBER: 3103949871x450 FAX NUMBER: 3103940866 INTERNET E-MAIL ADDRESS: 7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization PECEIVE SEP - 3 2002 STATE CLEARING HOLD 9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SANTA MONICA/WISE RSVP			
Santa Monica, West Los Angeles, Venice, Palisades, Malibu					
3. PROPOSED PROJECT: START DATE	10/01/02 EN	ID DATE: 09/30/05	14. PERFORMA	NCE PERIOD: START DATE	E: 10/01/02 END DATE: 09/30/05
5. ESTIMATED FUNDING:			16. IS APPLICA	TION SUBJECT TO REVIEW	/ BY STATE EXECUTIVE
a. FEDERAL	\$ 102,435.	00	ORDER 12372 F	PROCESS?	
b. APPLICANT	\$ 148,852.	00	X YES, THIS	PREAPPLICATION/APPLICA LE STATE EXECUTIVE ORDE	ATION WAS MADE AVAILABLE
c. STATE	\$ 30,750.	00	REVIE	EW ON:	EN 12072 PROCESS FOR
d. LOCAL	\$ 85,550.0		DATE:	01-OCT-02	
e. OTHER	\$ 32,552.0				
f. PROGRAM INCOME			17 IS THE ADDI	ICANT DELINQUENT ON A	NV FFDFB 1. FF
g. TOTAL \$ 251,287.00		YE	ES if "Yes," attach an expl	anation. X NO	
TO THE BEST OF MY KNOWLEDGE A JLY AUTHORIZED BY THE GOVERNIN AWARDED.	ND BELIEF, ALL DA G BODY OF THE AI	ATA IN THIS APPLICA PPLICANT AND THE A	TON/PREAPPLICA PPLICANT WILL C	TION ARE TRUE AND CORI OMPLY WITH THE ATTACH	RECT, THE DOCUMENT HAS BEEN ED ASSURANCES IF THE ASSISTANCE
TYPED NAME OF AUTHORIZED REPR	ESENTATIVE:	b. TITLE:		C T	ELEPHONE NUMBER:
Melodye Kleinman		RSVP Project Dire	ector	i i	103949871x450
				d. D	ATE: 7/11/02